

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09.380704</b>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2		/					52		/			
3	/						53	/				
4		/					54	/				
5		/					55		/			
6		/					56		/			
7		/					57		/			
8	/						58	/				
9		/					59	/				
10		/					60		/			
11		/					61		/			
12		/					62		2			
13	/						63		2			
14		/					64		/			
15		/					65		/			
16	/						66	/				
17		/					67		/			
18		/					68		/			
19	/						69		2			
20		/					70		2			
21	/						71		/			
22		/					72		/			
23		/					73	/				
24		/					74		/			
25		/					75		/			
26	/						76		/			
27		/					77		/			
28		/					78		/			
29		/					79	/				
30		/					80		/			
31	/						81	/				
32		/					82		/			
33		/					83		/			
34	/						84		/			
35		/					85		/			
36		/					86		/			
37	/						87	/				
38		/					88		/			
39	/						89	/				
40		/					90		/			
41		/					91	/				
42		/					92		/			
43	/						93	/				
44		/					94		/			
45		/					95					
46		/					96					
47	/						97					
48		/					98					
49		/					99					
50	/						100					
TOTAL IND.							TOTAL IND.	27				
TOTAL DEP.							TOTAL DEP.	71				
TOTAL CLAIMS							TOTAL CLAIMS	98				